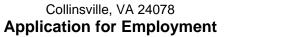


County of Henry, Virginia **Henry County Public Service Authority** P. O. Box 7

Collinsville, VA 24078





Please print in ink (preferably black) or use typewriter
Employees of the County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, martial status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filing out this application may be obtained by a Human Resources Representative.

Position applied for		Date of app	lication/			
Name	Social Security #					
LAST FIRST	MIDDLE					
Address						
STREET		CITY STAT	E ZIP CODE			
Home Phone () Busine	ess Phone ()	Mo	bile ()			
Email Address						
If you are under age 18, and it is required, can you	furnish a work perr	nit?	☐ YES ☐ NO			
If no, please explain. Have you ever been employed here before?			☐ YES ☐ NO			
If yes, please give dates and positions.						
For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the US? YES NO (Under the Immigration Reform and Control Act of 1986, upon employment you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. In addition, you will be required to provide documentation to that effect.)						
Date Available for Work / /		Desired	Salary Range \$			
Job status you are willing to accept: Full-Tim			asonal			
Have you ever been convicted of any law violations If yes, please provide date(s) and details			ou turned 18? YES NO			
(Note: Answering yes to this question does not prohibit employment consideration. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.)						
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Driver's License Number it driving is an essential i	ob function		State			
Driver's License Number if driving is an essential je EDUCATION	ob function		State			
	ob function	DEGREE RECEIVED				
	# YEARS	H.S. EQUIVALENCY) MAJOR			
NAME AND LOCATION OF INSTITUTION) MAJOR			
EDUCATION	# YEARS	H.S. EQUIVALENCY) MAJOR			
EDUCATION NAME AND LOCATION OF INSTITUTION High School	# YEARS	H.S. EQUIVALENCY) MAJOR			
NAME AND LOCATION OF INSTITUTION	# YEARS	H.S. EQUIVALENCY) MAJOR			
EDUCATION NAME AND LOCATION OF INSTITUTION High School	# YEARS	H.S. EQUIVALENCY) MAJOR			
EDUCATION NAME AND LOCATION OF INSTITUTION High School College	# YEARS	H.S. EQUIVALENCY) MAJOR			
EDUCATION NAME AND LOCATION OF INSTITUTION High School College	# YEARS	H.S. EQUIVALENCY) MAJOR			
EDUCATION NAME AND LOCATION OF INSTITUTION High School College Other	# YEARS COMPLETED	H.S. EQUIVALENCY DIPLOMA – YES/NO	MAJOR			

EMPLOYMENT HISTORY					
Starting with the most recent, des					
unemployment. Use additional pape qualifications for this position.	r if necessary. Hig	ghlight your knowledge, sk	ills and a	bilities which best	demonstrate your
EMPLOYER		TELEPHONE	FROM	і То)
		TEELFINOINE			
ADDRESS		1	STAR	TING JOB TITLE/F	FINAL JOB TITLE
SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES			IMMEDIATE SUPERVISOR AND TITLE		
			MAY YES	WE CONTACT FO	OR REFERENCE?
HOURLY RATE/SALARY			REASON FOR LEAVING		
START \$ PER	_ FINAL \$	PER			
EMPLOYER		TELEPHONE	FROM	I TO)
ADDRESS			STAR	TING JOB TITLE/F	FINAL JOB TITLE
SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES			IMMEDIATE SUPERVISOR AND TITLE		
			MAY WE CONTACT FOR REFERENCE? YES NO LATER		
HOURLY RATE/SALARY			REAS	ON FOR LEAVING	
START \$ PER	_ FINAL \$	PER			
EMPLOYER		TELEPHONE	FROM	TC)
ADDRESS			STAR	TING JOB TITLE/F	FINAL JOB TITLE
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List names, addresses and relation Name	iships of three per	Address	10 Know y	Phone	Relationship
Name		Addiess		FIIOHE	Relationship
CERTIFICATIONEach Application	tion Requires Curr	ent Date and Original Sign	nature		
I hereby certify that all information proving herein, regardless of time of discovery all information on this application is solisted being contacted regarding this abe considered in making an employment	vided on this applica	ation is true and complete, an are of any employment in the an and I consent to reference tand that only information pe	d I underst service in s, former e rtinent to tl	the County of Henremployers, and edune position for which	y. I understand that cational institutions
Signature of Applicant		Date /	1		

EQUAL EMPLOYMENT OPPORTUNITY DATA

Statistical Information (Optional) Individual Applying for Employment

To ensure equal opportunity in its hiring practices, the County of Henry is asking you to help monitor the effectiveness of our program by completing the information below. The completion of this form is voluntary and the information will not be used for employment purposes. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application. Please **do not** put your name on this form.

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal government, acting through Rural Development of UDSA, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. It is for monitoring purposes only. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

RACE

White

Black

Hispanic

American Indian/Alaskan Native

RACE	☐ White☐ Black☐ Hispanic☐ American Indian/Alaskan Native☐ Asian/Pacific Islander☐ Other
SEX	☐ Male ☐ Female
AGE	DATE OF BIRTH / / MO DAY YR
DATE _	ON APPLIED FOR